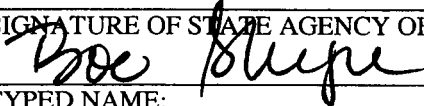



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 2004-009	2. STATE Florida
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE June 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.54 (a)(2)		7. FEDERAL BUDGET IMPACT: a. FFY 2003-2004                      \$( 4,269) b. FFY 2004-2005                      \$(14,136)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A, page 1.1 Attachment 4.18-C, page 1.1		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.18-A, page 1.1 Attachment 4.18-C, page 1.1	
10. SUBJECT OF AMENDMENT: Pharmacy Coinsurance			
11. GOVERNOR'S REVIEW (Check One):  <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Will forward when received. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Mr. Bob Sharpe Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308  Attention: Kay Newman	
13. TYPED NAME: Mr. Bob Sharpe			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: April 8, 2004			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: April 12, 2004		18. DATE APPROVED: June 1/3, 2004	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: June 1, 2004		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Renard L. Murray, D.M.		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Approved with the following changes to item 8 & 9: Add Page 41			

New: HCFA-PM-99-3  
JUNE 1999

State: Florida

Citation

42 CFR 431.51  
AT 78-90  
46 FR 48524  
48 FR 23212  
1902(a)(23)  
P.L. 100-93  
(section 8(f))  
P.L. 100-203  
(Section 4113)

4.10 Free Choice of Providers

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis. Providers who elect not to provide services based on a history of bad debt, including copayments, shall give recipients advance notice and a reasonable opportunity for payment. Recipients retain the ability to seek services from other enrolled providers.

(b) Paragraph (a) does not apply to services furnished to an individual –

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)  
Of the Social  
Security Act  
P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)  
Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or, managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

TN # 2004-009  
Supersedes TN # 03-17

Effective Date 6/01/04  
Approval Date 06/17/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State FLORIDA

- a. The following charges are imposed on the categorically needy for services other than those provided under Section 1905(a)(1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determinations
	Deduct.	Coins.	Copay	
Prescribed Drug Services		X		Effective June 1, 2004, coinsurance will apply to prescribed drug services for recipients 21 years of age and older, who are not in a long term care facility and are not pregnant or receiving Family Planning Services or supplies; are not receiving Emergency Room services or supplies; or are not receiving Hospice services or supplies. Coinsurance amounts are as follows: 2.5% of the Medicaid payment up to \$300, 0% of the Medicaid payment in excess of \$300 per prescription, and 0% of Medicaid payments after total monthly beneficiary co-payments and coinsurance billed reaches 5% of total monthly family income. Providers are responsible for collecting the coinsurance from recipients and may not deny an initial service because of an individual's inability to pay coinsurance. An individual's inability to pay is based on his or her statement to the provider that they are unable to pay the required cost sharing. Inability to pay does not extinguish the liability of the individual to pay cost sharing. Authority for the maximum charge is 42 CFR 447.54(a)(2).

TN No. 04-009  
Supersedes  
TN No. 03-21

Approval Date 06/17/04

Effective 06/01/04

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State FLORIDA

A. The following charges are imposed on the medically needy for services:

Service	Type of Charge			Amount and Basis for Determinations
	Deduct.	Coins.	Copay	
Prescribed Drug Services		X		Effective June 1, 2004, coinsurance will apply to prescribed drug services for recipients 21 years of age and older, who are not in a long term care facility and are not pregnant or receiving Family Planning services or supplies; are not receiving Emergency Room services or supplies; or are not receiving Hospice services or supplies. Coinsurance amounts are as follows: 2.5% of the Medicaid payment up to \$300, 0% of the Medicaid payment in excess of \$300 per prescription, and 0% of Medicaid payments after total monthly beneficiary co-payments and coinsurance billed reaches 5% of total monthly family income. Providers are responsible for collecting the coinsurance from recipients and may not deny an initial service because of an individual's inability to pay coinsurance. An individual's inability to pay is based on his or her statement to the provider that they are unable to pay the required cost sharing. Inability to pay does not extinguish the liability of the individual to pay cost sharing. Authority for the maximum charge is 42 CFR 447.54(a)(2).

TN No. 04-009  
Supersedes  
TN No. 03-21

Approval Date 06/17/04

Effective 06/01/04